



**STATE OF TENNESSEE
DEPARTMENT OF FINANCE AND ADMINISTRATION
DIVISION OF MENTAL RETARDATION SERVICES
ANDREW JACKSON BUILDING, 15TH FLOOR
500 DEADERICK STREET
NASHVILLE, TENNESSEE 37243**

MEMORANDUM

TO: Residential Services Agencies
Day Service Agencies
Personal Assistance Agencies

FROM: Stephen H. Norris, Deputy Commissioner
Division of Mental Retardation Services

DATE: October 2, 2006

SUBJECT: ICAP Administration Changes

A handwritten signature in black ink, appearing to be "SHN", located to the right of the "FROM:" line.

The Division of Mental Retardation Services (DMRS) ICAP assessment project has intended to establish a fair and practical statewide assessment to assist in assuring the needs of all persons being served in the community are measured in a valid and reliable manner. The efforts and feedback of all providers since the 2004 initiation of this undertaking are very much appreciated.

Recently, DMRS conducted both external and internal studies to help establish "next steps" in the ICAP process. The assessment methodology and tools of several states have been reviewed. In addition, several analyses of the first two years of ICAP data have been conducted.

In response to the information gathered, DMRS will move forward with a project to pilot a "best practices" model of ICAP methodology. This will be conducted between October and December of 2006. Key changes in process are intended to bolster the statewide comparability of ICAP administration. These changes include third-party ICAP administration, multiple independent informants, and increased documentation of salient information. Comparable processes in a number of other states have resulted in the development of reliable, valid assessment processes.

Effective October 16, 2006, DMRS will begin piloting the ICAP best practices model in which community ICAPs will be conducted by an independent third party contractor. The contractor, Dual Diagnosis Management (DDM), will contact provider agencies, identify potential multiple informants (recognizing the importance of information from Direct Support Professionals), request documentation from the personal record, and schedule independent interviews. In addition, DMRS has developed specific scoring criteria to be used by DDM for key ICAP items.

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With the start of the "best practices" ICAP pilot, agencies will no longer complete ICAPs for the individuals they serve. Please do not send ICAPs to DDM past the start date of the pilot project. It is important to note that the pilot project will not conduct all ICAPs scheduled to be completed in the last quarter of 2006. Beginning the first quarter of 2007, these ICAPs will be added into the overall bi-annual ICAP completion schedule.

For pilot ICAPs, score results will be faxed or emailed to provider agencies in a timely manner. Requests for past ICAP scores can be made of Regional Offices who will have access to all current and historical ICAP score information.

The Regional Offices will continue to complete ICAPs for persons entering into services from the waiting list. In the unusual event that an ICAP has not yet been completed for a service recipient transitioning into your agency, DMRS will project the person's estimated LON and funding level based on available supporting documentation. A rate projection based on this process, or on a Regional Office Intake ICAP, will be valid for a maximum of three months at which time a third party ICAP will be completed.

DMRS is continuing efforts to refine processes for submission and review of reconsideration requests and will forward additional information in the upcoming weeks. Please remember, rate adjustments are not automatic based on ICAP reassessment scores.

Again, DMRS appreciates your efforts and feedback as we continue to move towards a fair, practical and equitable process of statewide assessment.

SHN/dch

cc: Independent Support Coordination Providers
Louis Moore, MD
Larry Latham
Fred Hix
Joanna Damons
Central Office Program Directors
Regional Directors
DDM